T3

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*lw*	68904	9/16/00
O.I.P.E. CLASSIFIER		5	9.25 00
FORMALITY REVIEW	CM	71632	12.26.01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

BEST AVAILABLE COPY

Claim		Date						
Final	Original	5-1/24						
	1	✓						
	2	✓						
	3	✓						
	4	✓						
	5	✓						
	6	✓						
	7	✓						
	8	✓						
	9	✓						
	10	✓						
	11	✓						
	12	✓						
	13	✓						
	14	✓						
	15	✓						
	16	O						
	17	O						
	18	O						
	19	O						
	20	O						
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	22	✓						
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	32	O						
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	36	✓						
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Claim		Date						
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If more than 150 claims or 10 actions
staple additional sheet here

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